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ARRIVATE AT	RAP	REPITION FOR	EXTENSION OF FY 20 the Consolidated A	TIME UNDER	on of information unless if displays a valid OMB control number Docket Number (Optional) D0188.70165US02					
		Application Numb	ation Number 10/760,634-Conf. #8269				January 20, 2004			
		For APPARATUS AND METHOD FOR PLACING SUTURE WIRES INTO TISSUE FOR THE APPROXIMATION AND TENSIONING OF TISSUE								
•		Art Unit 373	34			Examiner	Not Yet Assigned			
•	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
		<u> </u>	month (37 CFR 1.1	·	Fee \$120	Small Entity \$60		,		
		Two	months (37 CFR 1	.17(a)(2))	\$450	\$225	\$	_		
-		Thre	e months (37 CFR	1.17(a)(3))	\$1020	\$510	\$	_		
		Four	months (37 CFR 1	.17(a)(4))	\$1590	\$795	\$	_		
Ĺ		Five	months (37 CFR 1	.17(a)(5))	\$2160	\$1080	\$	_		
	Applicant claims small entity status. See 37 CFR 1.27.  X A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825. I have enclosed a duplicate copy of this sheet.							to		
		I am the	Statemen attorney or ag attorney or ag	ecord of the ent under 37 CFF gent of record.	tire interest. See 37 R 3.73(b) is enclosed. Registration Number CFR 1.34. under 37 CFR 1.34	. (Form PTO/SE r52,076	gember 16, 2006			
				Date						
		Walt Norfleet (617) 646-8000 Typed or printed name Telephone Number						<u> </u>		
		NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
	Į	Total of	11	forms are subr	nitted.	··.		a 000d0062 10760634		
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November 16, 2006

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Effec	tive on 12/08/2004.		<del> </del>	A 17 No		10/760,634-Co		
Effect Fig. 1	A NICRAI	ns Act, 2005 (A.	K. 4818).	Application Nur	nber	****		
FEE TRANSMITTAL				Filing Date		January 20, 2004 Gregory E. Sancoff		
For	r FY 200	5	⊦	First Named Inv		Not Yet Assign		
Applicant claims sm	all entity status.	See 37 CFR 1.2	27	Art Unit		3734	·	
TOTAL AMOUNT OF PA	<u> </u>	(\$) 120.00	<del></del>	Attorney Docket	No.	D0188.70165U	JS02	
METHOD OF PAYME	NT (check all t	hat apply)						
x Check Credit		Money Order	None	Other	(please iden	ntify):		
Deposit Account De	ш	•	Deposit Acco	ш	-	Greenfield & S	acks, P.C.	
For the above-ide	ntified deposit a	account, the D	Director is	hereby authoriz	ed to: (che	ck all that apply)		
	(s) indicated bel					dicated below, ex		filing t
	additional fee(s		yment of	x Credit	any overp	payments		
FEE CALCULATION	37 OF R 1.10	and 1.17						
1. BASIC FILING, SEAR	CH, AND EXAM	INATION FE	ES	······	-			-
		G FEES	SEA	RCH FEES		NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	id (\$)
Utility Utility	300	150	500	250	200	100	rees re	iiu (φ)
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES			•	•	•	-		mall En
Fee Description	•						Fee (\$)	Fee (\$
Each claim over 20 (inclu	ıding Reissues)						50	25
Each independent claim	over 3 (includin	ng Reissues)					200	100
Multiple dependent clain	ıs						360	180
Total Claims Ext	ra Claims F	ee (\$)	Fee P	aid (\$)	<u>N</u>	lultiple Depende	ent Claims	
=	x	=			<u> </u>	<u>ee (\$)</u>	Fee Paid (\$)	
HP = highest number of total								-
Indep. Claims Ext		ee (\$)	Fee P	aid (\$)				•
HP = highest number of indep	X		an 3					
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3. APPLICATION SIZE F If the specification and	_	d 100 sheets	of naner (	evoluding elect	ronically f	iled sequence or	computer	
listings under 37 CF.								
sheets or fraction the						• /		
Total Sheets	Extra Sheets	Number /50		iditional 50 or fra			<u>Fee P</u>	aid (\$)
4. OTHER FEE(S)	<del></del>			tround up to a Mil	olo number)	^	Fage F	Paid (\$)
Non-English Specific	ation, \$130 fee	e (no small er	ntity disco	unt)			r ccs r	वाय (क)
Other (e.g., late filing	surcharge): 12	251 Extension	on for res	nonse within f	irst month	1	120	0.00
				porioo wianin i				

I hereby certify that this paper (along with any paper referred to as be	alling Under 37 CFR 1.8(a) being attached or enclosed) is being deposited with the U.S. Postal Service on
the date shown below with sufficient postage as First Class Mail, in a Alexandria. VA 22313-1450.	an envelope addressed to: Commissioner for Patents, P.O. Box 1450,

Signature: Raula K. Fairweather)

Telephone Date